

## APPLICATION FOR NURSING FACILITY GRANT AWARD

Name of Facility _____ City/County _____ Provider # _____ Date of Application _____		Address _____ Fac ID _____ # Beds _____ Occ Rate _____																																																																					
<div style="display: flex; justify-content: space-between;"> <span>Proposed Begin Date _____</span> <span>Proposed End Date _____</span> </div> <p><b>BUDGET:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;"></th> <th style="width: 10%; text-align: center;">Amount \$</th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr><td>A.</td><td>Construction</td><td></td><td rowspan="15" style="background-color: #cccccc;"></td></tr> <tr><td>B.</td><td>Equipment</td><td></td></tr> <tr><td>C.</td><td>Supplies</td><td></td></tr> <tr><td>D.</td><td>Travel</td><td></td></tr> <tr><td>E.</td><td>Contractual Services*</td><td></td></tr> <tr><td>F.</td><td>Other (List</td><td></td></tr> <tr><td>1</td><td>_____</td><td></td></tr> <tr><td>2</td><td>_____</td><td></td></tr> <tr><td>3</td><td>_____</td><td></td></tr> <tr><td>4</td><td>_____</td><td></td></tr> <tr><td>5</td><td>_____</td><td></td></tr> <tr><td>6</td><td>_____</td><td></td></tr> <tr><td>7</td><td>_____</td><td></td></tr> <tr><td>8</td><td>_____</td><td></td></tr> <tr><td>9</td><td>_____</td><td></td></tr> <tr><td>10</td><td>_____</td><td></td></tr> <tr><td>11</td><td>_____</td><td></td></tr> <tr><td>12</td><td>_____</td><td></td></tr> <tr><td>13</td><td>_____</td><td></td></tr> <tr><td>14</td><td>_____</td><td></td></tr> <tr> <td>G.</td> <td><b>TOTAL</b></td> <td style="border-top: 3px double black;"></td> <td></td> </tr> </tbody> </table>					Amount \$		A.	Construction			B.	Equipment		C.	Supplies		D.	Travel		E.	Contractual Services*		F.	Other (List		1	_____		2	_____		3	_____		4	_____		5	_____		6	_____		7	_____		8	_____		9	_____		10	_____		11	_____		12	_____		13	_____		14	_____		G.	<b>TOTAL</b>		
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<p>* Only services to implement the grant will be accepted. In addition, only contractual services that have not been used in the past two years will be acceptable.</p> <hr style="border: 1px solid #cccccc;"/> <p style="margin-top: 40px;">B. Attach justification for all equipment items.</p>																																																																							
DOM - CMP Grant Award 2003																																																																							